

1 Stuart Bragg/8317706012
 2 1051 Cayuga St. (831) 426-2717
 3 Santa Cruz, CA
 4 95060

FILED Clear Form

2008 JUL -2 P 3:31

ADR

RICHARD W. WIEKING
 CLERK
 U.S. DISTRICT COURT
 NO. DIST. OF CAL. S.D.

UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

Stuart Bragg

Plaintiff,

CASE NO. 08 03192

HRL

vs.

The S.J. Mercury News Pres.
 Publisher - Mac tully
 The Morning Chances
 Bishop John Blake

APPLICATION TO PROCEED
 IN FORMA PAUPERIS

(Non-prisoner cases only)

16 I, Stuart Bragg, declare, under penalty of perjury that I am the plaintiff
 17 in the above entitled case and that the information I offer throughout this application is true and
 18 correct. I offer this application in support of my request to proceed without being required to
 19 prepay the full amount of fees, costs or give security. I state that because of my poverty I am
 20 unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

21 In support of this application, I provide the following information:

22 1. Are you presently employed?

Yes ___ No ☒

23 If your answer is "yes," state both your gross and net salary or wages per month, and give the
 24 name and address of your employer:

25 Gross: \$880- Net: \$840-

26 Employer: Social Security SSI / NO

28 If the answer is "no," state the date of last employment and the amount of the gross and net salary

Self-recycling cans bottles flea
 market \$1-500

1 and wages per month which you received.

2

3

4

5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

7 a. Business, Profession or Yes ___ No ☒
8 self employment?

9 b. Income from stocks, bonds, Yes ___ No ☒
10 or royalties?

11 c. Rent payments? Yes ___ No ☒

12 d. Pensions, annuities, or Yes ___ No ☒
13 life insurance payments?

14 e. Federal or State welfare payments, Yes ☒ No ___
15 Social Security or other govern-
16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 \$840. a month approx.
20

21 3. Are you married? Yes ___ No ☒

22 Spouse's Full Name: _____

23 Spouse's Place of Employment: _____

24 Spouse's Monthly Salary, Wages or Income: _____

25 Gross \$ _____ Net \$ _____

26 4. a. List amount you contribute to your spouse's support: \$ _____

27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

None

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ☐ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ☐ No ☐ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ☐ No ☐ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.)

Yes ☐ No ☐

8. What are your monthly expenses?

Rent: \$ *110.00* Utilities: *950.00*

Food: \$ *134.00* Clothing: \$ *12.50*

Charge Accounts: *no*

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Account</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

No

1
2 10. Does the complaint which you are seeking to file raise claims that have been presented in
3 other lawsuits? Yes ___ No X

4 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5 which they were filed.
6 MA
7

8 I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9 false statement herein may result in the dismissal of my claims.
10

11 6-27-08

12 DATE

13 [Signature]

14 SIGNATURE OF APPLICANT
15
16
17
18
19
20
21
22
23
24
25
26
27
28